

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

## \* Other (Specify)

## \* 3. Date Received:

10/01/2008

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name: Alaska Whale Foundation

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

91-1712495

## \* c. Organizational DUNS:

603188173

## d. Address:

## \* Street1:

940 Adams St. Suite F

## Street2:

## \* City:

Benicia

## County:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

94510-2950

## e. Organizational Unit:

## Department Name:

## Division Name:

Disentanglement Team

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Dr.

## \* First Name:

Sean

## Middle Name:

F.

## \* Last Name:

Hanser

## Suffix:

## Title: Senior Researcher

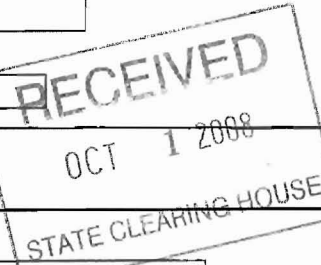
## Organizational Affiliation:

Alaska Whale Foundation

## \* Telephone Number: (510) 569-6186

## Fax Number: (707) 746-5599

## \* Email: sfhanser@ucdavis.edu



OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

## \* 12. Funding Opportunity Number:

NMFS-PRPO-2009-2001461

\* Title:

Prescott 2009

## 13. Competition Identification Number:

2119092

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Northern and Central California counties of Monterey, Santa Cruz, San Mateo, Marin, Sonoma, Mendocino, Solano, Contra Costa, and Alameda.

## \* 15. Descriptive Title of Applicant's Project:

Equipping the Central and Northern California W.E.T. Network for Responding to Large Whales in Distress

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

CA-007

\* b. Program/Project

CA-017

Attach an additional list of Program/Project Congressional Districts if needed.

Project Congressional Distri

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date:

06/01/2009

\* b. End Date:

12/01/2009

## 18. Estimated Funding (\$):

* a. Federal	39,729.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	14,000.00
* f. Program Income	0.00
* g. TOTAL	53,729.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?



a. This application was made available to the State under the Executive Order 12372 Process for review on

10/01/2008



b. Program is subject to E.O. 12372 but has not been selected by the State for review.



c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)



Explanation:

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)



\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

Dr.

\* First Name:

Sean

Middle Name:

F.

\* Last Name:

Hanser

Suffix:

\* Title:

Senior Researcher

\* Telephone Number:

(510) 685-6186

Fax Number:

(707) 746-5599

\* Email:

sfhanser@ucdavis.edu

\* Signature of Authorized Representative:

Sean Hanser

\* Date Signed:

10/01/2008

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102



OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

10/01/2008

## 4. Applicant Identifier:

RECEIVED

OCT 1 2008

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Regents of the University of California, Los Angeles

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

958006143

\* c. Organizational DUNS:

092530369

## d. Address:

\* Street1: Office of Contract and Grant Administration

Street2: 11000 Kinross Avenue, Suite 102

\* City: Los Angeles

County: Los Angeles County

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 90095

## e. Organizational Unit:

Department Name:

Ecology &amp; Evolutionary Biology

Division Name:

College of Letters and Science

## f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.

\* First Name: James

Middle Name:

\* Last Name: Lloyd-Smith

Suffix: PhD

Title: Assistant Professor

Organizational Affiliation:

Regents of the University of California, Los Angeles

\* Telephone Number: 310-825-1978

Fax Number:

\* Email: jloydsmith@ucla.edu

OMB Number: 4040-0004  
Expiration Date: 01/31/2009**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

National Marine Fisheries Service

**11. Catalog of Federal Domestic Assistance Number:**

11.439

**CFDA Title:**

Marine Mammal Data Program

**\* 12. Funding Opportunity Number:**

NMFS-PRFO-2009-2001461

**\* Title:**

Prescott 2009

**13. Competition Identification Number:**

2119092

**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

N/A

**\* 15. Descriptive Title of Applicant's Project:**Using stranding data to understand the population-wide dynamics of leptospirosis in California sea lions (*Zalophus californianus*)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-030

\* b. Program/Project CA-030

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 08/01/2009

\* b. End Date: 05/30/2010

## 18. Estimated Funding (\$):

* a. Federal	99,559.00
* b. Applicant	38,920.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	138,479.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/01/2008.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- ☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Middle Name: D Last Name: Marchant Suffix:

\* First Name: Karen

\* Title: Grant Analyst

\* Telephone Number: 310-794-0155 Fax Number:

\* Email: zhu@research.ucla.edu

\* Signature of Authorized Representative: Karen Marchant \* Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED**

10/01/2008

**Applicant Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****1. \* TYPE OF SUBMISSION**☐ Pre-application ☒ Application  
☐ Changed/Corrected Application**4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 067638957

\* Legal Name: General Atomics

Department: Energy Group

Division:

\* Street1: 3550 General Atomics Court

Street2:

\* City: San Diego

County:

\* State: CA: Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 92121-1122

**RECEIVED**

OCT 1 2008

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Dr.

Kenneth

Schultz

\* Phone Number: 858-455-4304

Fax Number:

Email: ken.schultz@gat.com

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

95-3735103

**7. \* TYPE OF APPLICANT:**

Q: For-Profit Organization (Other than Small Business)

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Energy Frontier Research Center for Fundamental Research on Advanced Nuclear Fission and Fusion Materials

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

San Diego, CA; Berkeley, CA

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

10/01/2009

09/30/2014

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

CA-53

CA-53

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Dr.

Kenneth

Schultz

Position/Title: EFRC Director

\* Organization Name: General Atomics

Department: Energy Group

Division:

\* Street1: 3550 General Atomics Court

Street2:

\* City: San Diego

County:

\* State: CA: Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 92121-1122

\* Phone Number: 858-455-4304

Fax Number:

\* Email: ken.schultz@gat.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 24,998,166.00  
b. \* Total Federal & Non-Federal Funds 24,998,166.00  
c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/01/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Ramona Gompper  
\* Position/Title: Senior Contract Administrator \* Organization: General Atomics  
Department: Contracts and Purchasing Division:  
\* Street1: 3550 General Atomics Court Street2:  
\* City: San Diego County: \* State: CA: Californ  
Province: \* Country: UNITED ST \* ZIP / Postal Code: 92121-1122  
\* Phone Number: 858-455-3057 Fax Number: \* Email: ramona.gompper@gat.com

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**21. Attach an additional list of Project Congressional Districts If needed.**

districts.pdf

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

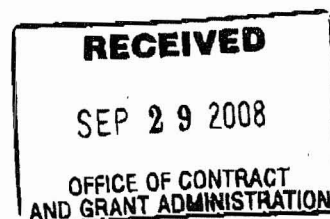
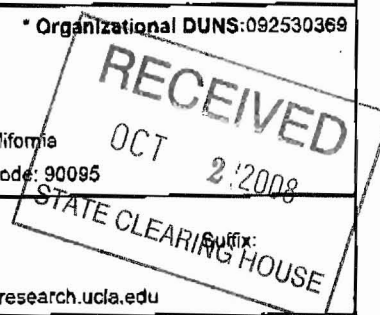
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
Foundation of California State University Monterey Bay		Department: School of Business		
Organizational DUNS: 082412920		Division: College of Professional Studies		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:		
100 Campus Center		First Name: Cynthia		
City: Seaside		Middle Name: E.		
County: Monterey		Last Name: Lopez		
State: California		Suffix:		
Zip Code: 93955		Email: cindy_lopez@csumb.edu		
Country: United States of America		Phone Number (give area code): (831) 582-3089		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 7 - 0 3 8 7 4 5 9		Fax Number (give area code): (831) 582-3305		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) X Other (specify) Non-profit auxiliary to a state-controlled IHE		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 - 3 0 7 TITLE (Name of Program): Economic Adjustment		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning for the Institute for Innovation and Economic Development		
13. PROPOSED PROJECT Start Date: 1/1/09 Ending Date: 6/30/10		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17 b. Project 17		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 150,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/2/08		
b. Applicant	\$ 150,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 300,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Cynthia		Middle Name E.
Last Name Lopez		Suffix		
b. Title Director, Grants and Contracts		c. Telephone Number (give area code) 831-582-3089		
d. Signature of Authorized Representative		e. Date Signed 10/1/08		



## APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

<b>2. DATE SUBMITTED</b> 06/06/2008		<b>Applicant Identifier</b>	
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b> <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>4. Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b> <div style="float: right;">* Organizational DUNS: 092530369</div> <div> <div>* Legal Name: Regents of the University of California, Los Angeles</div> <div>Department: Division:</div> <div>* Street1: Office of Contract and Grant Administration Street2: 11000 Kinross Avenue, Suite 102</div> <div>* City: Los Angeles County: Los Angeles County</div> <div>Province: * Country: USA: UNITED STATES</div> <div>* State: CA: California</div> <div>* ZIP / Postal Code: 90095</div> </div>			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Martha Hansen * Phone Number: 310-794-0236 Fax Number: 310-943-1655 Email: ooga2@research.ucla.edu			
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 956006143		<b>7. * TYPE OF APPLICANT</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> UCLA Institute for Molecular Medicine for Radiation Sciences			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> N/A			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 12/01/2008 11/30/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project CA-030 CA-030	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Michael E. Phelps Position/Title: Professor / Chair * Organization Name: Regents of the University of California, Los Angeles Department: Inst for Molecular Medicine Division: David Geffen School of Medicine * Street1: 10833 Le Conte Avenue Street2: 23-136 CHS * City: Los Angeles County: Los Angeles County * State: Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 90095 * Phone Number: (310) 825-6539 Fax Number: (310) 825-6267 * Email: mphelps@mednet.ucla.edu			



**SF 424 (R&R)** APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b> a. * Total Estimated Project Funding    \$5,738,000.00 b. * Total Federal & Non-Federal Funds    \$5,738,000.00 c. * Estimated Program Income    \$0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06/06/2008 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																		
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																																			
<b>19. Authorized Representative</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Prefix:</td> <td style="width: 25%;">* First Name:</td> <td style="width: 25%;">Middle Name:</td> <td style="width: 25%;">* Last Name:</td> <td>Suffix:</td> </tr> <tr> <td>Ms.</td> <td>Martha</td> <td></td> <td>Hansen</td> <td></td> </tr> <tr> <td colspan="2">* Position/Title: Contract and Grant Officer</td> <td colspan="3">* Organization Name: Regents of the University of California, Los Angeles</td> </tr> <tr> <td colspan="2">Department: Office of Contract &amp; Grant Adm</td> <td colspan="3">Division:</td> </tr> <tr> <td colspan="2">* Street1: UCLA Office of Contract &amp; Grant Adm</td> <td colspan="3">Street2: 11000 Kinross Avenue, Suite 102</td> </tr> <tr> <td colspan="2">* City: Los Angeles</td> <td>County: Los Angeles</td> <td colspan="2">* State: CA: California</td> </tr> <tr> <td>Province:</td> <td colspan="2">* Country: USA: UNITED STATES</td> <td colspan="2">* ZIP / Postal Code: 90095-1406</td> </tr> <tr> <td>* Phone Number: 310-794-0236</td> <td colspan="2">Fax Number: 310-943-1655</td> <td colspan="2">* Email: ocga2@research.ucla.edu</td> </tr> <tr> <td colspan="3" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;">Martha Hansen</td> <td colspan="2" style="text-align: center;">06/06/2008</td> </tr> </table>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Ms.	Martha		Hansen		* Position/Title: Contract and Grant Officer		* Organization Name: Regents of the University of California, Los Angeles			Department: Office of Contract & Grant Adm		Division:			* Street1: UCLA Office of Contract & Grant Adm		Street2: 11000 Kinross Avenue, Suite 102			* City: Los Angeles		County: Los Angeles	* State: CA: California		Province:	* Country: USA: UNITED STATES		* ZIP / Postal Code: 90095-1406		* Phone Number: 310-794-0236	Fax Number: 310-943-1655		* Email: ocga2@research.ucla.edu		* Signature of Authorized Representative			* Date Signed		Martha Hansen			06/06/2008	
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:																																															
Ms.	Martha		Hansen																																																
* Position/Title: Contract and Grant Officer		* Organization Name: Regents of the University of California, Los Angeles																																																	
Department: Office of Contract & Grant Adm		Division:																																																	
* Street1: UCLA Office of Contract & Grant Adm		Street2: 11000 Kinross Avenue, Suite 102																																																	
* City: Los Angeles		County: Los Angeles	* State: CA: California																																																
Province:	* Country: USA: UNITED STATES		* ZIP / Postal Code: 90095-1406																																																
* Phone Number: 310-794-0236	Fax Number: 310-943-1655		* Email: ocga2@research.ucla.edu																																																
* Signature of Authorized Representative			* Date Signed																																																
Martha Hansen			06/06/2008																																																
<b>20. Pre-application</b> File Name: Mime Type:																																																			
<b>21. Attach an additional list of Project Congressional Districts if needed.</b> File Name: Mime Type:																																																			



OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: CALIFORNIA PUBLIC UTILITIES COMMISSION

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-3031353

\* c. Organizational DUNS:

947393922

## d. Address:

## \* Street1:

505 Van Nees Ave., 2nd floor

## Street2:

## \* City:

San Francisco

## County:

San Francisco

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

94102

## e. Organizational Unit:

## Department Name:

CALIFORNIA PUBLIC UTILITIES CO

## Division Name:

Consumer Protection&amp;Safety Div

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mr.

## \* First Name:

Raffy

## Middle Name:

## \* Last Name:

Stepanian

## Suffix:

## Title:

Program Manager

## Organizational Affiliation:

## \* Telephone Number:

213-576-7010

## Fax Number:

## \* Email:

RST@cpuc.ca.gov

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

A: State Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

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## \* 10. Name of Federal Agency:

Pipeline &amp; Hazardous Material Safety Administration

## 11. Catalog of Federal Domestic Assistance Number:

20.700

## CFDA Title:

Pipeline Safety

## \* 12. Funding Opportunity Number:

PHMSA-BASEGRANT-NG-2009

## \* Title:

PHMSA Base Grant (Natural Gas)

## 13. Competition Identification Number:

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

## \* 15. Descriptive Title of Applicant's Project:

CALIFORNIA PUBLIC UTILITIES COMMISSION Pipeline Safety Program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 12

\* b. Program/Project CA-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 01/01/2009

\* b. End Date: 12/31/2009

## 18. Estimated Funding (\$):

* a. Federal	2,114,440.80
* b. Applicant	0.00
* c. State	528,610.20
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,643,051.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/02/2008☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No 

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Sunil  
Middle Name:  
\* Last Name: Shari  
Suffix:

\* Title: Utilities Engineer

\* Telephone Number: 415-703-2407 Fax Number: 415-703-1891

\* Email: SKS@cpuc.ca.gov

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED****Applicant Identifier**

Bowers20090407

**3. DATE RECEIVED BY STATE****State Application Identifier****1. \* TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 094878394

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division: Sponsored Projects

\* Street1: 3227 Cheadle Hall

Street2:

\* City: Santa Barbara

County:

\* State: CA: Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 93106-2050

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Mr. Kevin

Stewart

\* Phone Number: 805-893-4034

Fax Number: 805-893-2611

Email: stewart@research.ucsb.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

95-6006145W

**7. \* TYPE OF APPLICANT:**

H: Public/State Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Center on Materials for Energy Efficiency Applications

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

Santa Barbara County

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

05/01/2009

04/30/2014

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

CA-023

CA-023

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. John

E.

Bowers

PhD

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Electrical &amp; Comp Engr

Division:

\* Street1: ESB 2221C

Street2:

\* City: Santa Barbara

County:

\* State: CA: Californ

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 93106-9560

\* Phone Number: 805-893-8447

Fax Number: 805-893-3262

\* Email: bowers@ece.ucsb.edu

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**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**


<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input type="text" value="25,000,000.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="26,580,743.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="10/02/2008"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--


**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix: *	First Name:	Middle Name:	Last Name:	Suffix:
Mr.	Kevin		Stewart	
* Position/Title: <input type="text" value="Sponsored Projects Officer"/>		* Organization: <input type="text" value="The Regents of the University of California"/>		
Department: <input type="text" value="Office of Research"/>		Division: <input type="text" value="Sponsored Projects"/>		
* Street1: <input type="text" value="3227 Cheadle Hall"/>		Street2: <input type="text"/>		
* City: <input type="text" value="Santa Barbara"/>	County: <input type="text"/>		* State: <input type="text" value="CA: Californ"/>	
Province: <input type="text"/>	* Country: <input type="text" value="UNITED ST"/>	* ZIP / Postal Code: <input type="text" value="93106-2050"/>		
* Phone Number: <input type="text" value="805-893-4034"/>	Fax Number: <input type="text" value="805-893-2611"/>	* Email: <input type="text" value="proposals@research.ucsb.edu"/>		
* Signature of Authorized Representative Completed on submission to Grants.gov		* Date Signed Completed on submission to Grants.gov		

<b>20. Pre-application</b> <input type="text"/>	 <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
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<b>21. Attach an additional list of Project Congressional Districts if needed.</b>	
<input type="text"/>	 <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 09/30/2008		Applicant Identifier Copperopolis Fire Protection District	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Copperopolis Fire Protection District			<b>Organizational Unit:</b> Department: Copperopolis Fire Protection District		
Organizational DUNS: 158321054			Division: Board of Directors		
Address: Street: 370 Main st			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix:      First Name: Keith		
City: Copperopolis			Middle Name		
County: Calaveras			Last Name Cantrell		
State: CA		Zip Code 95228	Suffix:		
Country: USA			Email: cfpd1@caltel.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1698511			Phone Number (give area code) 209.785-2393		Fax Number (give area code) 209.785-2423
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Facilities Loans 10-766			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Copperopolis, Calaveras, CA			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Copperopolis Fire Protection District Station 1 Expansion. Construction of new facilities for apparatus, and renovation of existing fire station to accommodate additional staff.		
<b>13. PROPOSED PROJECT</b> Start Date: 09/25/2008      Ending Date: 01/01/2009			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 3      b. Project District 3		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	495,950.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE:		
b. Applicant	\$	0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	0.00			
g. TOTAL	\$	495,950.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Chief		First Name Keith		Middle Name	
Last Name Cantrell		Suffix			
<b>b. Title</b> Fire Chief		<b>c. Telephone Number</b> (give area code) (209) 785-2393			
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 09/29/2008			

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED**

10/08/2008

**Applicant Identifier****3. DATE RECEIVED BY STATE****State Application Identifier****1. \* TYPE OF SUBMISSION**

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 067638957

\* Legal Name: General Atomics

Department: Energy Group

Division:

\* Street1: 3550 General Atomics Court

Street2:

\* City: San Diego

County:

\* State: CA: Califon

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 92121-1122



Person to be contacted on matters involving this application

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Dr. Benjamin Russ

\* Phone Number: 858-455-3902 Fax Number: Email: ben.russ@gat.com

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

95-3735103

**7. \* TYPE OF APPLICANT:**

Q: For-Profit Organization (Other than Small Business)

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

**Small Business Organization Type**☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Quantum Mechanical and Molecular Modeling of Multicomponent Multiphase Very Nonideal Chemical Systems

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

San Diego, CA; additional in Field 21.

**13. PROPOSED PROJECT:**

\* Start Date \* Ending Date

09/01/2009

08/31/2014

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

CA-53

CA-53

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Dr. Benjamin Russ

Position/Title: Co-Director

\* Organization Name: General Atomics

Department: Energy Group

Division:

\* Street1: 3550 General Atomics Court

Street2:

\* City: San Diego

County:

\* State: CA: Califon

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 92121-1122

\* Phone Number: 858-455-3902

Fax Number:

\* Email: ben.russ@gat.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding   
b. \* Total Federal & Non-Federal Funds   
c. \* Estimated Program Income

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

**19. Authorized Representative**

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
      
\* Position/Title:  \* Organization:   
Department:  Division:   
\* Street1:  Street2:   
\* City:  County:  \* State:   
Province:  \* Country:  \* ZIP / Postal Code:   
\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative**

Completed on submission to Grants.gov

**\* Date Signed**

Completed on submission to Grants.gov

**20. Pre-application****21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008



Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
6. APPLICANT INFORMATION				
Legal Name: Shasta County		Organizational Unit: Department: Public Works		
Organizational DUNS: 078-124-538		Division:		
Address: Street: 1855 Placer St.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Al		
City: Redding		Middle Name Vincant		
County: Shasta		Last Name Cathay		
State: CA		Suffix:		
Zip Code 96001		Email: acathay@co.shasta.ca.us		
Country:		Phone Number (give area code) 530-245-6806		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000536		Fax Number (give area code) 530-225-5667		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: USDA-Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Silverthorn Summer Homes Subd, Shasta County Service Area No. 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasta County Service Area #6, Replace Silverthorn Summer Homes Water Distribution System		
13. PROPOSED PROJECT Start Date: July 2009 Ending Date: October 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 2 b. Project: 2		
16. ESTIMATED FUNDING: a. Federal \$ 902,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 902,000		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/15/08 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix Mr.		First Name Patrick		Middle Name J.
Last Name Minlurn		Suffix		
b. Title Director of Public Works		c. Telephone Number (give area code) 530-225-5661		
d. Signature of Authorized Representative		e. Date Signed		

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